

The BAYOU HEALTH Plan Choice Process For Medicaid and LaCHIP Recipients

A Resource Guide for Providers

December 2011



A program of the Louisiana
Department of Health and Hospitals

bayouhealth.com

Overview

Through BAYOU HEALTH, the Department of Health and Hospitals (DHH) is transforming the way health care services will be delivered to Louisiana's Medicaid and LaCHIP (Louisiana Children's Health Insurance Program) recipients going forward. During the next year, Medicaid/LaCHIP will move away from our current fee-for-service care system and into coordinated models of care.

The coordinated care models, compared to the traditional fee-for-service care model, are designed to provide better health outcomes for Louisiana residents, including a stronger focus on coordination of health care, managing chronic conditions and diseases and encouraging healthy behaviors. This is an important change that will improve the health and lead to greater quality of life for more than 865,000 Louisiana citizens enrolled in our Medicaid and LaCHIP programs.

This conversion from our fee-for-service system to the managed care model includes two central processes. The first is the process of providers deciding which Health Plans they will join. The second is the process of Medicaid/LaCHIP recipients choosing a Health Plan that will be responsible for the coordination and delivery of their health care services.

This guide is focused on this second critical process – the Health Plan choice process

for Medicaid and LaCHIP recipients. It was created because we know many of the recipients faced with Health Plan choice will reach out to their health care providers with relevant questions and concerns.

The guide includes updated information from *A Coordinated Care Network Resource Guide for Providers* that was originally made available by DHH to providers in March 2011. The guide also includes new information that will be useful to providers as their Medicaid and LaCHIP patients begin the process of choosing a Health Plan.

More specifically, this guide includes a description of all Medicaid and LaCHIP recipients who will be included in BAYOU HEALTH; service carve outs from BAYOU HEALTH; an implementation map; an implementation calendar of key steps in the recipient Health Plan choice process; dos and don'ts guidance from DHH for providers regarding the recipient choice process; and a list of answers to frequently asked questions.

Additionally, this guide includes links to samples of the materials that will be delivered to Medicaid/LaCHIP recipients as part of their Health Plan choice process, and links to simple downloadable tools that have been created for providers to help them understand and properly support the recipient Plan choice process.

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I. THE GOAL OF BAYOU HEALTH

BAYOU HEALTH is based on the premise that we are “first and foremost” committed to improving the health of our recipients by giving them the ability to choose their health care options. Several key elements are at the core of our mission:

- Better quality of care and improved health outcomes through a focus on prevention, better coordination of care, interventions to actively manage chronic illnesses and a comprehensive patient-centered medical home.
- Increased access to care, including enforceable time and distance requirements, negotiated rates with specialists and the ability of the prepaid plans to contract with providers currently unwilling to enroll in Louisiana Medicaid.

This system will allow extended benefits for our recipients and/or incentives for recipients who comply with care recommendations and incentives for healthy behaviors.

The success of BAYOU HEALTH will be measured by specifically comparing key health indicators against the current delivery system including:

- Reduction in avoidable hospitalizations
- Reduction in hospital readmissions
- Reduction in preterm births and neonatal costs
- Reduction in emergency room costs
- Reduction in duplicative services
- Improved outcomes through early detection and treatment

The overriding goal of BAYOU HEALTH is to encourage recipients to actively participate in their own health and the health of their families. It is a message of empowerment that seeks

to motivate Louisianians to make healthier choices for themselves and their families.

This will start by ensuring that our recipients have a choice in their health care delivery system. The following five statewide health plans are available through BAYOU HEALTH:

- Amerigroup
- Community Health Solutions
- LaCare
- La Healthcare Connections
- UnitedHealthcare Community Plan

These Plans differ from one another in several ways, including their provider networks, referral policies, health management programs and extra services and incentives offered. Each of these Plans is accountable to DHH and the state of Louisiana. Each contract requires adherence to detailed grievance and appeals requirements. Members have the right to appeal, first to their BAYOU HEALTH Plan, then to the state.

There are also strict marketing guidelines that each plan must adhere to with mandatory prior approval of marketing materials. DHH will monitor all complaints, grievances and appeals to assure the system is accountable to the recipients and the state.

The state expects quality will improve for both Medicaid and LaCHIP populations. Incentives and disincentives are tied to performance and to meeting quality goals. DHH is using 37 quality measures to track performance and publicly post quality report cards for each Plan.

II. BAYOU HEALTH: Included and Excluded Medicaid and LaCHIP Recipients

Most, but not all Medicaid/LaCHIP recipients will choose a Health Plan between December 2011 and May 2012. In that short period of time, over 865,000 of Louisiana's current 1.2 million recipients will become part of BAYOU HEALTH by choosing a Health Plan. Some recipients will have the option to choose a Health Plan or keep their current Medicaid coverage, and some recipients are excluded from BAYOU HEALTH at this time.

Health Plan Choice Required

Medicaid and LaCHIP recipients under age 19

Parents of Medicaid recipients under age 19

Pregnant women except those enrolled in LaHIPP

Enrollees who receive Medicaid because of age, disability or blindness

Health Plan Choice Optional

Children under the age of 19 who receive SSI or Family Opportunity Act

Children under the age 19 who are in foster care

Children under the age 19 who are in juvenile justice custody

Children under age 19 receiving services through OPH Children's Special Health Clinics

Native Americans

Excluded from BAYOU HEALTH

Residents of a long-term care or DD facility

Medicare dual eligibles

Individuals enrolled in a Home and Community Based Waiver or age 3 through 20 and on waiting list for NOW or Children's Choice Waiver

Louisiana Health Insurance Premium Payment (LaHIPP) participants

Children in the LaCHIP Affordable Plan

Recipient enrolled only for family planning services

[Click here](#) to download a simple tool (FAQ Sheet) that includes the Health Plan Choice required/optional/excluded table.

III. Carve Outs: Services Excluded from BAYOU HEALTH

The following services will not be reimbursed as part of the BAYOU HEALTH program. They will continue to be reimbursed in a fee-for-service environment through the state.

- Pharmacy
- Dental
- Specialized Behavioral Health
- All Hospice
- Targeted Case Management
- Personal Care Services (Children and Adults)
- All Nursing Facility Services
- Individual Education Plan (IEP) Services Billed Through School Districts

IV. Map of BAYOU HEALTH Implementation Phases

DHH will implement the Medicaid/LaCHIP recipient transition to BAYOU HEALTH in three stages, using Louisiana Geographical Service Areas (GSA) labeled GSA A, GSA B, and GSA C. Please note that these three stages are based upon the geographic location of the recipients, not the providers. The following Louisiana map identifies the parishes and the DHH regions encompassed in each GSA.

▪ GSA A

DHH Regions 1 and 9 Included

New Orleans Area and Northshore Recipients

FEBRUARY 1, 2012 “Go Live” Date

▪ GSA B

DHH Regions 2, 3, and 4 Included

Capital Area, South Central Louisiana and Acadiana Recipients

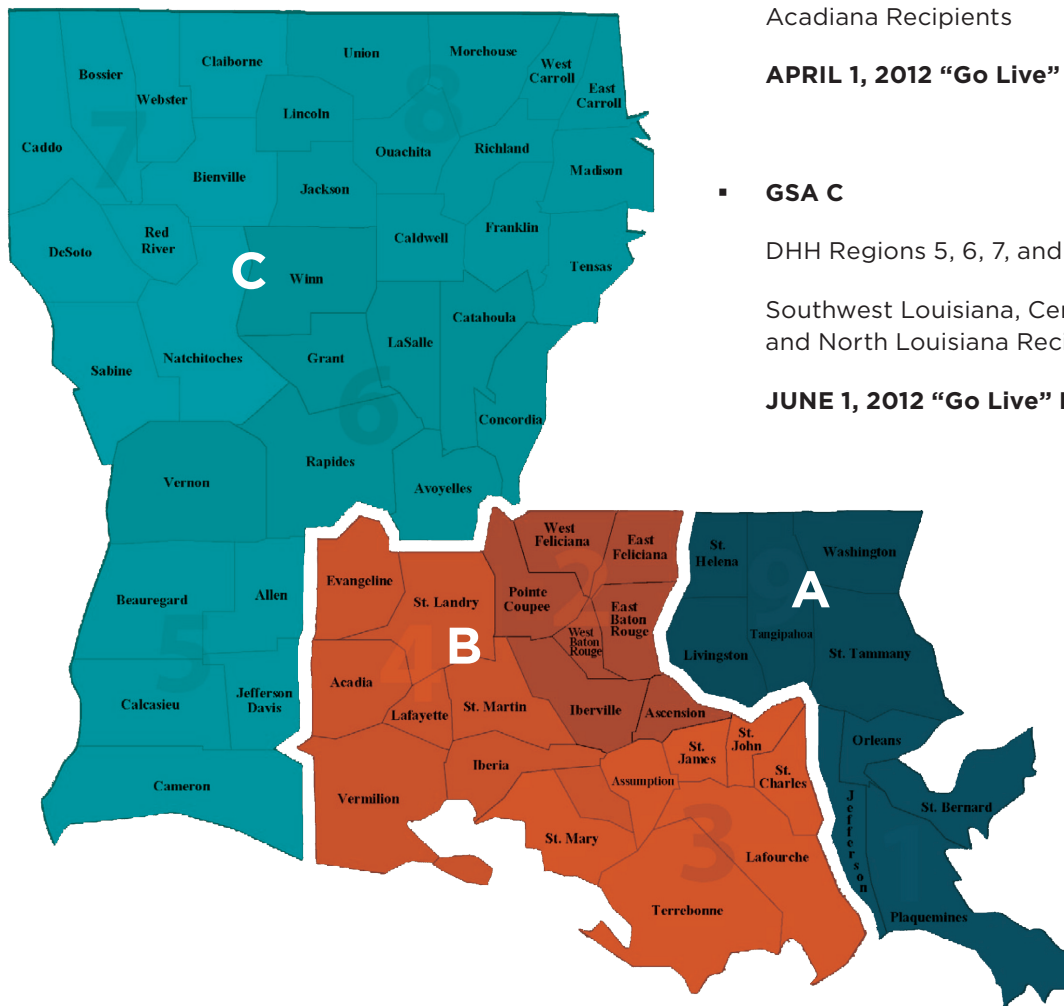
APRIL 1, 2012 “Go Live” Date

▪ GSA C

DHH Regions 5, 6, 7, and 8 Included

Southwest Louisiana, Central Louisiana and North Louisiana Recipients

JUNE 1, 2012 “Go Live” Date



V. Timeline of Key Steps in the Recipient Health Plan Choice Process



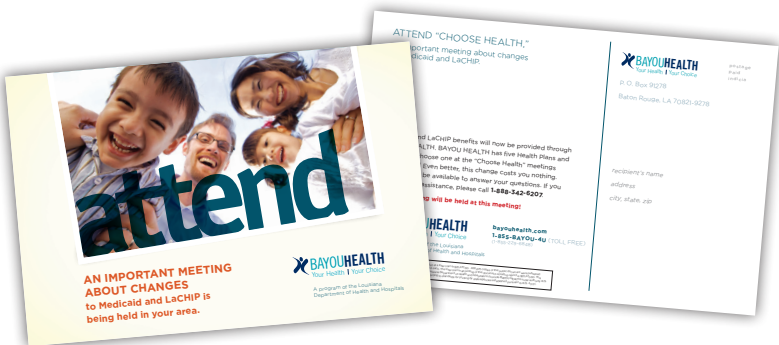
Process and Timeline for Medicaid and LaCHIP Recipients to Choose a BAYOU HEALTH Plan

Timeline



Readiness Brochure Mailed to Recipients
 The Readiness Brochure is a 16-page brochure designed to alert Medicaid and LaCHIP recipients of the transition to Health Plans and the opportunity to select the Health Plan that best meets their needs.

GSA A	GSA B	GSA C
December 1 st	January 15 th	March 15 th



Postcard #1 Mailed to Recipients
 This postcard encourages recipients to attend a meeting in their local area to learn more about the Health Plan choice process and to receive Health Plan choice guidance. The postcard lists local meeting dates, times, and locations.

December 6 th	February 1 st	April 1 st
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The media campaign delivers a second alert to Medicaid and LaCHIP recipients, presenting a message of positive change for Medicaid/LaCHIP recipients and directs them to be on the lookout for a postcard that will provide more information



The Enrollment Packet, which includes the Choice Letter, urges enrollees to make a Health Plan choice now. The Enrollment Packet is a mailed package that includes comparative information on all five Health Plans. The packet also includes a description of all methods enrollees can use to choose a Health Plan, including by regular mail, telephone, internet, or local outreach meetings.

Over 120 local outreach meetings will be conducted across the state to offer enrollees guidance that can help them select a Plan.



This postcard reminds Medicaid/LaCHIP recipients who have not yet selected a Health Plan that their time is running out, and informs them that a Health Plan will be chosen for them if they do not select a Health Plan.

Medicaid and LaCHIP recipients that have not selected a Health Plan by this date will be assigned to a Health Plan by the Department of Health and Hospitals (DHH). Existing physician relationships will be considered in the Plan assignment process.

Delivery of health care services through the Health Plans begins for Medicaid and LaCHIP recipients.

GSA A

December
1st

GSA B

February
1st

GSA C

April
5th

December
15th

February
15th

April
16th

December
15th

February
15th

April
16th

January
3rd

February
29th

April
29th

January
15th

March
15th

May
15th

February
1st

April
1st

June
1st

VI. DHH Guidance to Providers: Dos and Don'ts Related to Recipient BAYOU HEALTH Plan Choice

In general, providers are advised to avoid recommending a Health Plan choice by name to their Medicaid and LaCHIP patients. Providers certainly may identify the Health Plans that they have joined and explain the benefits and services of those Plans.

However, providers are prohibited from recommending specific Health Plan choices to their patients. Consistent with federal Medicaid regulations, patients will choose a Health Plan with the support (if/as needed) of the independent enrollment broker that has been hired by DHH to provide Health Plan choice assistance and guidance to Medicaid/LaCHIP recipients.

The following dos and don'ts table describes specific actions that are allowed (but not required) and actions that are not allowed:

Provider “Dos”

Identify for your patients the names of all Health Plans you have joined.

Explain the benefits and services offered to patients by all the Health Plans you have joined.

Display Health Plan participation stickers in your office for all the Health Plans you have joined.

Display and/or distribute health information materials for all Health Plans you have joined.

Encourage your Medicaid/LaCHIP patients to attend local outreach “Choose Health” meetings to learn more about their Health Plan choices.

Encourage your Medicaid/LaCHIP patients to use the support services of the enrollment broker to choose a Health Plan that best meets their needs.

Provider “Don'ts”

Identify for your patients the names of only some of the Health Plans you have joined.

Explain the benefits and services offered to patients by only some of the Health Plans you have joined.

Display Health Plan participation stickers in your office for only some of the Health Plans you have joined.

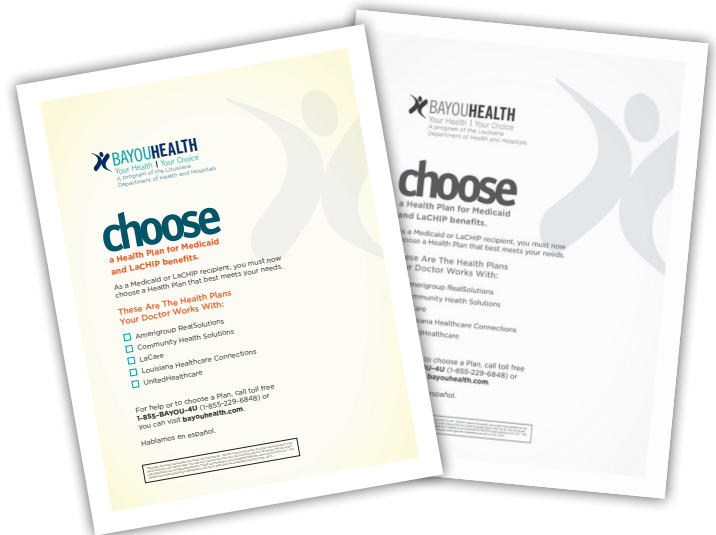
Display and/or distribute health information materials for only some of the Health Plans you have joined.

Recommend, encourage, or provide incentives for your patients to select one Health Plan over another.

Guide your patients in their decision to select a Health Plan.

[Click here](#) to download a simple tool (FAQ Sheet) that includes the above dos and don'ts table.

[Click here](#) to download a simple one-sheet tool (Provider Tablet) providers can use to identify for their patients the names of all the Health Plans they have joined.



VII. Answers to Providers' Frequently Asked Questions

Question:

Will all Louisiana Medicaid and LaCHIP recipients enroll with a BAYOU HEALTH Plan?

Answer:

Most, but not all Medicaid/LaCHIP Recipients will enroll with a BAYOU HEALTH Plan.

Approximately 865,000 of Louisiana's current 1.2 million recipients will be enrolled in a Health Plan.

Some recipients will have the option to enroll in a Health Plan or keep their current Medicaid coverage, while some recipients are excluded from the BAYOU HEALTH Plan enrollment.

Question:

How will Medicaid/LaCHIP recipients select a BAYOU HEALTH Plan?

Answer:

Recipients will select a BAYOU HEALTH Plan with the assistance of an unbiased third party enrollment broker that has experience doing this work in many states. Recipients will be able to use any of the following methods to select any one of the five participating Health Plans:

- Complete the hard copy Enrollment Packet, which includes the Choice Letter, and return by mail.
- Choose a Health Plan by telephone with or without a counselor TOLL FREE at 1-855-BAYOU-4U (1-855-229-6848).

- Choose a Health Plan via website: bayouhealth.com.

- Choose a Health Plan, with counselor support, at one of the scheduled local area outreach meetings.

Question:

What if Medicaid/LaCHIP recipients do not select a BAYOU HEALTH Plan?

Answer:

The Department of Health and Hospitals (DHH) will select a Health Plan for recipients who do not select a Health Plan during their designated enrollment period.

Question:

Will this new BAYOU HEALTH Plan choice process replace the current processes used to A) determine Medicaid/LaCHIP eligibility, and B) complete Medicaid/LaCHIP enrollment?

Answer:

No. The current Medicaid/LaCHIP eligibility and enrollment processes will remain in place. Recipients will choose a Health Plan after eligibility is determined and Medicaid/LaCHIP enrollment is completed.

Question:

Will recipients enrolled in a Health Plan still use the current Medicaid/LaCHIP card?

Answer:

Recipients will have two cards. One will be the standard Louisiana Medicaid card. This card can be used by providers to verify (through the Medicaid fiscal intermediary) eligibility and the patient's current Health Plan. The second card will be a Health Plan card – providers can use information on this card to contact the Health Plan with questions and problems.

Question:

How often can patients change BAYOU HEALTH Plans?

Answer:

Federal requirements allow patients to change Health Plans (at will) during the first 90 days of their enrollment. After the 90-day period ends, patients will remain in their chosen Health Plan for another nine months. Patients will be allowed to change Health Plans as needed if they have a good reason such as to join a Plan in which other family members are enrolled.

Question:

What is allowed/not allowed for providers when communicating with their Medicaid/LaCHIP patients about BAYOU HEALTH Plans?

Answer:

Providers may identify the Health Plans that they have joined. Providers are not allowed to counsel patients regarding Health Plan choices or recommend any Health Plan choices to patients.

Question:

What is the penalty for providers violating one of the provider outreach don'ts (for example: helping our recipients to choose a health plan)?

Answer:

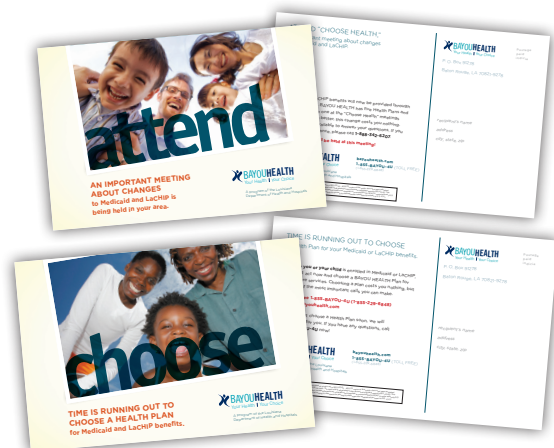
The possible penalties are spelled out in the DHH contracts with the Health Plans and penalties will be taken against the Health Plan. DHH will notify the Health Plan in writing of the determination of the non-compliance, of the penalty that will be imposed, and of any other conditions related such as the length of time the penalty shall continue and of the corrective actions that the Health Plan must perform.

- DHH may require the Health Plan to recall the previously authorized marketing material(s);
- DHH may suspend enrollment of new members to the Health Plan;
- DHH may deduct the amount of capitation payment for members enrolled as a result of non-compliant marketing practices from the next monthly capitation payment made to the Health Plan and shall continue to deduct such payment until correction of the failure;
- DHH may require the Health Plan to contact each member who enrolled during the period while the Health Plan was out of compliance, in order to explain the nature of the non-compliance and inform the member of his or her right to transfer to another Health Plan; or
- DHH may prohibit future marketing activities by the Health Plan for an amount of time specified by DHH.

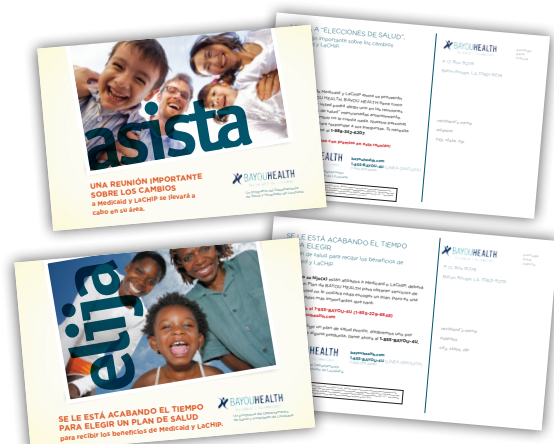
VIII. Links: Samples of Recipient Health Plan Choice Materials



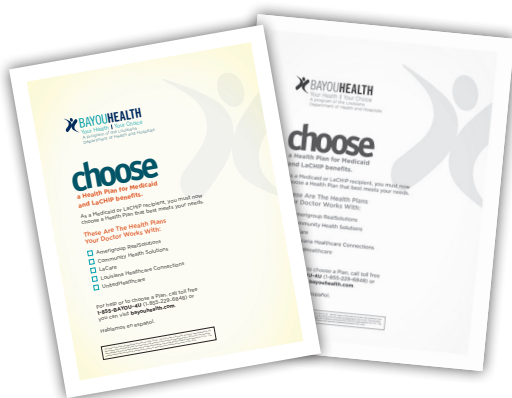
Recipient outreach banner



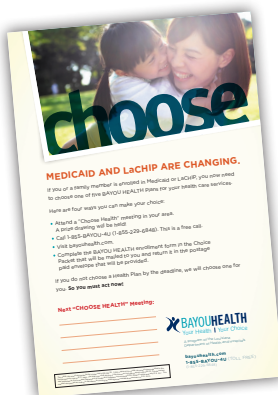
Recipient outreach postcard 1+2 English



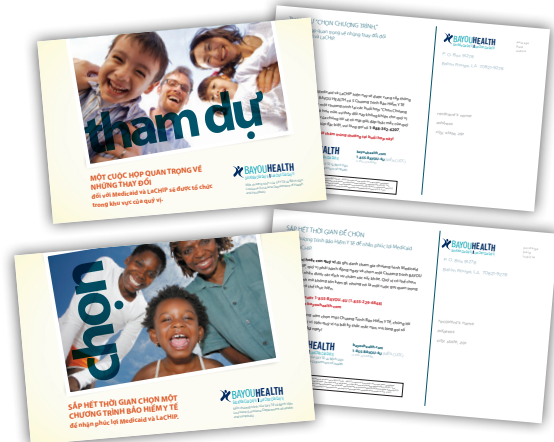
Recipient outreach postcard 1+2 Spanish



Provider Tablet



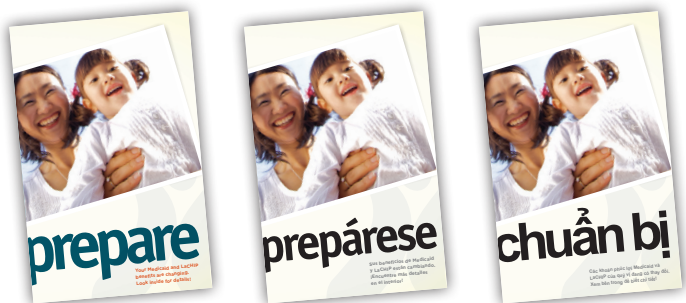
Recipient outreach poster



Recipient outreach postcard 1+2 Vietnamese



Recipient outreach print ad and flyer



Recipient outreach readiness brochure English, Spanish, Vietnamese